

EDUCATION FOR HOUSEKEEPING

INFECTION PREVENTION AND CONTROL DEPARTMENT

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IPC PRACTITIONER

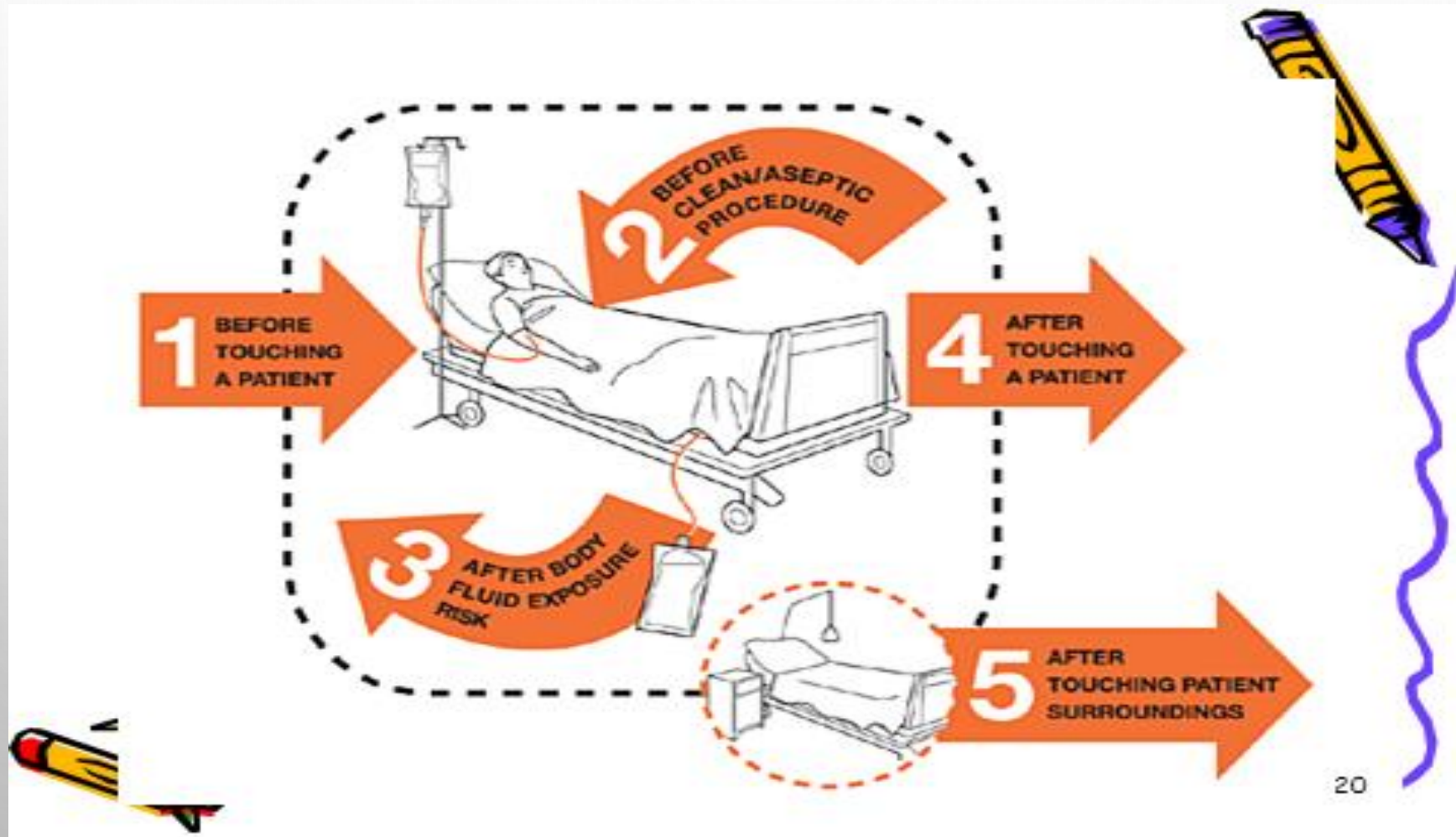


HAND HYGIENE

- **HAND HYGIENE** :- IS THE SINGLE MOST IMPORTANT MEANS OR MEASURE TO PREVENT CROSS-INFECTION OR HEALTHCARE ASSOCIATED INFECTIONS (HAIS)
- IMPORTANCE
- MOMENTS OF HAND HYGIENE
- VIDEOGRAPHY
- DEMONSTRATION



MOMENTS OF HAND HYGIENE



HOW TO HAND WASH



Infection Prevention and Control Department

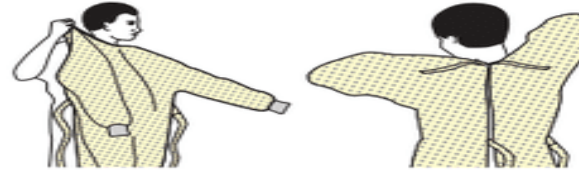
PERSONAL PROTECTIVE EQUIPMENT

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



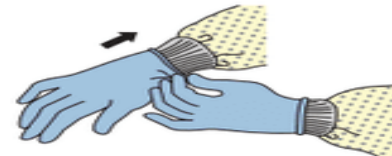
3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



REMOVING OF PPE

SEQUENCE FOR REMOVING PERSONAL PROTECTIVE EQUIPMENT (PPE)

Except for respirator, remove PPE at doorway or in anteroom. Remove respirator after leaving patient room and closing door.

1. GLOVES

- Outside of gloves is contaminated!
- Grasp outside of glove with opposite gloved hand; peel off
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist
- Peel glove off over first glove
- Discard gloves in waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield is contaminated!
- To remove, handle by head band or ear pieces
- Place in designated receptacle for reprocessing or in waste container



3. GOWN

- Gown front and sleeves are contaminated!
- Unfasten ties
- Pull away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard



4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- Grasp bottom, then top ties or elastics and remove
- Discard in waste container



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



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PRECAUTIONS

THREE TYPES OF PRECAUTIONS :

- AIRBORNE
- DROPLET
- CONTACT

AIRBORNE(BLUE) – USE N95 MASK

Airborne Precautions

- Airborne droplets or dust particles containing infectious agents can remain suspended in the air for long periods of time
- Air currents can blow them long distances
- Can be emitted during talking, sneezing, coughing and whispering
- Examples: Mycobacterium tuberculosis, Rubeola (measles) and Varicella (chicken pox)



DROPLET(RED) – SURGICAL MASK

Droplet Precautions

- Propelled short distances through the air
- Deposited on host's conjunctiva, nasal mucosa or mouth
- Can be emitted during talking, sneezing, coughing and during procedures like suctioning and bronchoscopy
- Examples: streptococcal pharyngitis, mumps, influenza, rubella, some some pneumonias, meningitis and sepsis



CONTACT(**GREEN**) – GOWN & GLOVES

Contact Precautions

- Most important and frequent mode of transmission for nosocomial infections
 - Nosocomial = originates/takes place in hospital or other health care facility
 - Nosocomial infection = the client gets it as a result of being in the health care facility
- Example: herpes (HSV), impetigo, scabies, some gastrointestinal, respiratory, skin and wound infections
- Direct-contact & Indirect-contact transmission



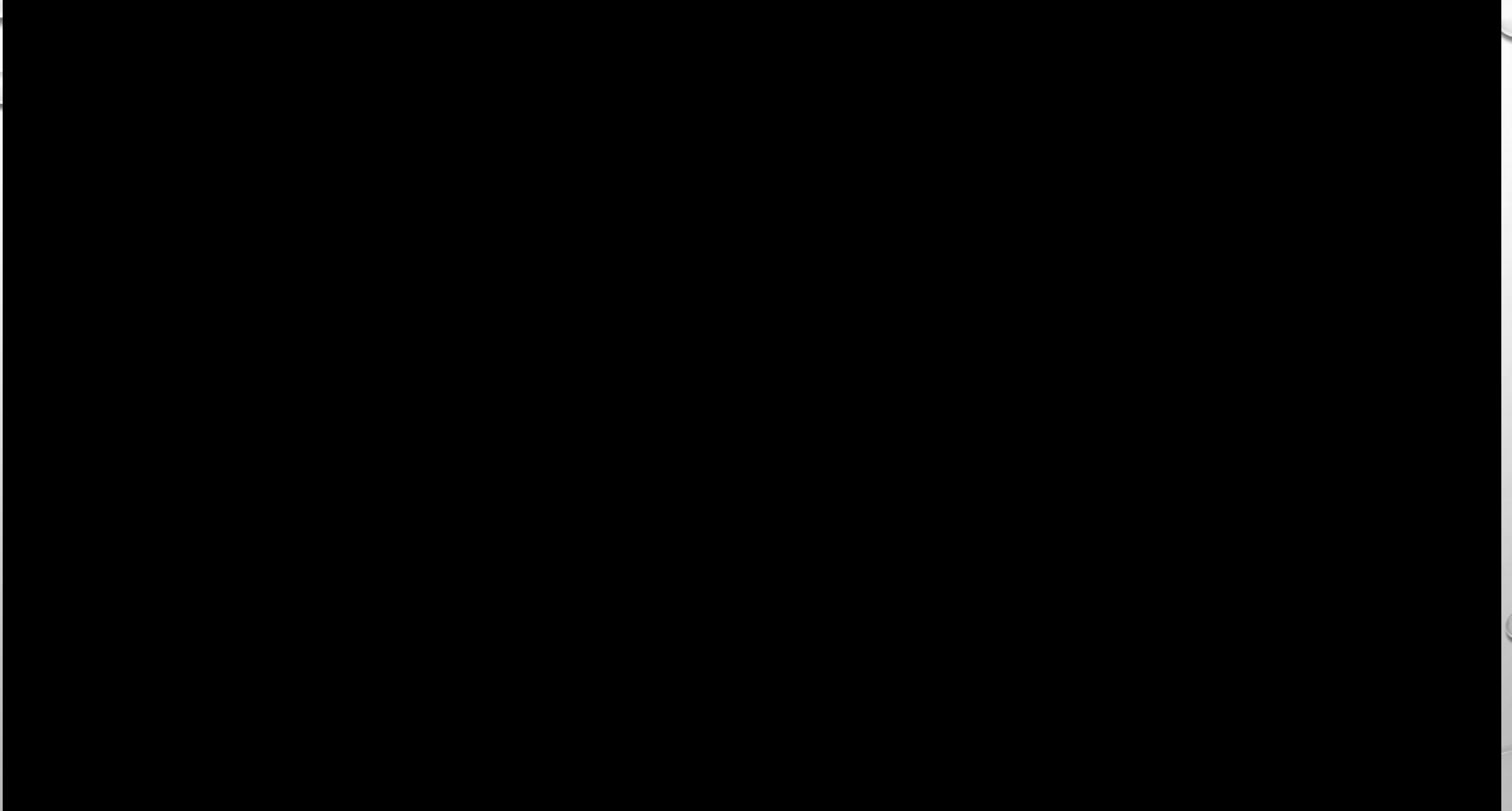
CLEANING OF ROOMS

- **CLEANING OF PATIENT ROOMS(DAILY)**
- **CLEANING OF DISCHARGE PATIENT ROOMS/TERMINAL CLEANING**
- **CLEANING OF ISOLATION ROOMS**

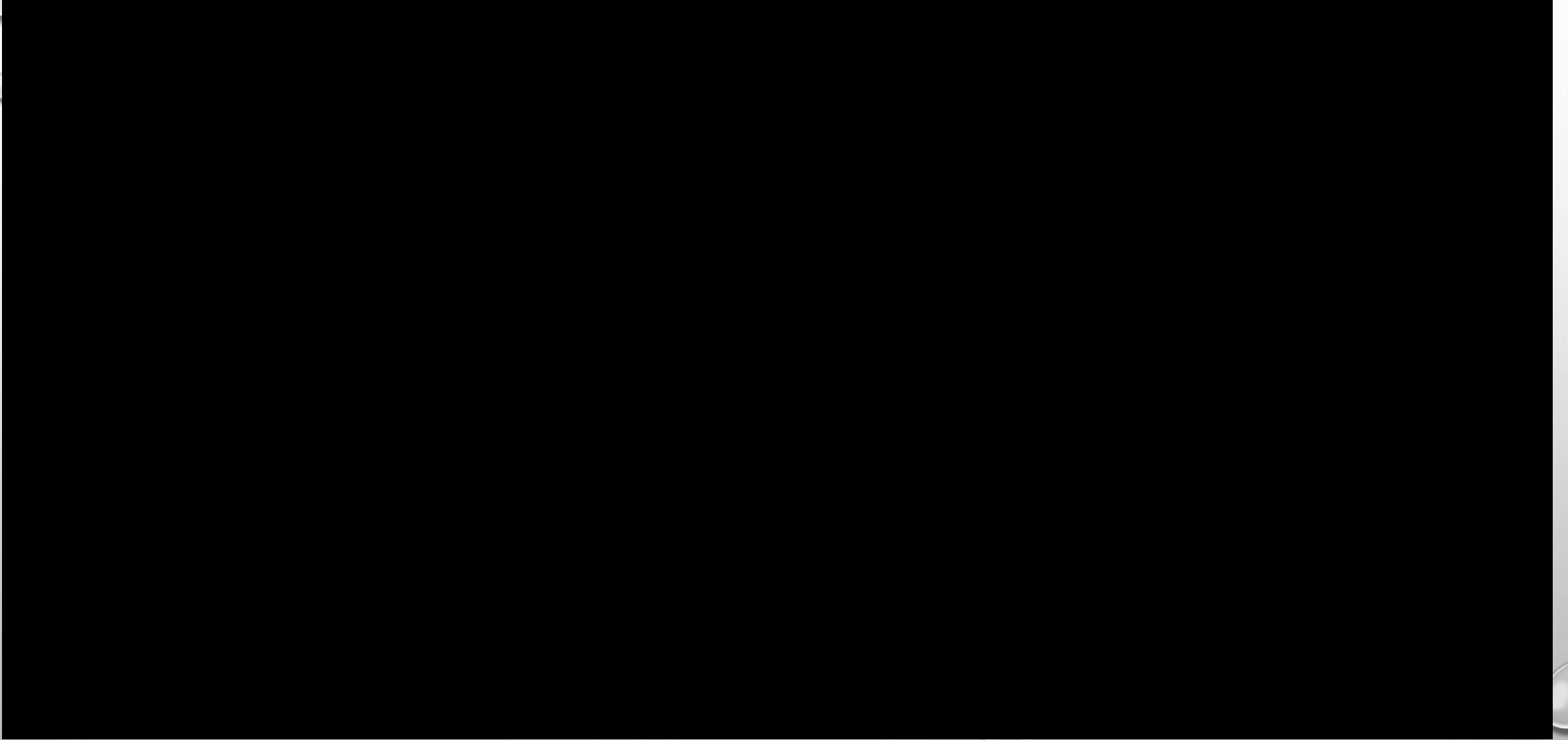
VIDEOGRAPHY



PATIENT ROOM CLEANING



ISOLATION ROOM CLEANING



DECONTAMINATION OF EQUIPMENTS

ITEMS	CLEANING PROCESS	DILUTIONS
FLOORS	<u>DRY CLEANING</u> -DUSTING WITH MOP <u>WET CLEANING</u> - WASH WITH CLOROX SOLUTION	CLOROX-50ML+1 L OF WATER
SINKS/WASH HAND BASINS	CLEAN WITH DETERGENT AND WATER ,DISINFECT WITH CLOROX SOLUTION	CLOROX-50ML+1 L OF WATER
TOILETS/BIDETS	USE DETERGENTS WITH WATER AND DISINFECT WITH CLOROX SOLUTION	CLOROX-50ML+1 L OF WATER
WALLS	ALL SURFACES SHOULD BE CLEANED WITH CLOROX SOLUTION	CLOROX-50ML+1 L OF WATER
WHEEL CHAIRS	CLEAN WITH DETERGENTS AND WARM WATER ,DISINFECT WITH CLOROX SOLUTION	CLOROX-100ML+900L OF WATER
LOCKERS	CLEAN WITH DETERGENTS AND WATER	
COMMODOES	IN ISOLATION ROOM :CLEAN WITH DETERGENTS AND WATER <u>IN PATIENT ROOM :</u> CLEAN WITH DETERGENTS AND WATER AND DISINFECT WITH CLOROX SOLUTION	CLOROX 250 ML PURE CLOROX-50ML+1 L OF WATER
BEDPANS	DISINFECT AND RINSE WITH CLOROX SOLUTION	CLOROX-100ML+900L OF WATER
BEDFRAMES, CRADLES	WASH WITH DETERGENTS AND WATER, IF CONTAMINATED WITH BLOOD OR BODY FLUIDS DISINFECT WITH CLOROX SOLUTION	CLOROX-100ML+900L OF WATER

COLOR CODING OF MOP ACCORDING TO THE AREA

- **BLUE** COLOR- COMMON ROOMS
- **YELLOW** COLOR- BATHROOMS
- **RED** COLOR – ISOLATION ROOM



NEEDLE STICK INJURY

- **POST EXPOSURE NEEDLE STICK INJURY**

WASH WITH SOAP AND RUNNING WATER

INFORM TO SUPERVISOR AND EHC

EXTRACT SAMPLE FROM THE PATIENT (WITH WHOM YOU GOT PRICK)

EXPOSED : **HBSAG, HIV, HCV**

WRITE OVR



Thank
you

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